



AF/2700 A

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/433,654
Filing Date	November 3, 1999
First Named Inventor	Jasmin Ajanovic
Art Unit	2665
Examiner Name	Stevens, Roberta A.
Total Number of Pages in This Submission	4
Attorney Docket Number	42390P6740

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MAR 10 2004

Technology Center 2600

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">First Class Certificate of mailing and the self-addressed stamped postcard.</div>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark C. Van Ness, Reg. No. 39,865 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	3/13/04

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Krista Mathieson
Signature	
Date	March 3, 2004

Based on PTO/SB/21 (02-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/10/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEET TRANSMITTAL for FY 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

330.00

Complete if Known

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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Paid
Fee Code	\$	Fee Code	\$	
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)				

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	28*	= <input type="text"/> X <input type="text"/> = <input type="text"/>	
Multiple Dependent	6	= <input type="text"/> X <input type="text"/> = <input type="text"/>	

Large Entity		Small Entity		Fee Description
Fee Code	\$	Fee Code	\$	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				

**or number previously paid, if greater. For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
2053	130	2053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920 * Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840 * Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	420	2252 210 Extension for reply within second month	
1253	950	2253 475 Extension for reply within third month	
1254	1,480	2254 740 Extension for reply within fourth month	
1255	1,210	2255 605 Extension for reply within fifth month	
1404	330	2401 165 Notice of Appeal	330.00
1402	330	2402 165 Filing a brief in support of an appeal	
1403	290	2403 145 Request for oral hearing	
1451	1,510	2451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive - unavoidable	
1453	1,330	2453 665 Petition to revive - unintentional	
1501	1,330	2501 665 Utility issue fee (or reissue)	
1502	480	2502 240 Design issue fee	
1503	640	2503 320 Plant issue fee	
1460	130	2460 130 Petitions to the Commissioner	
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	770	1809 385 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810 385 For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801 385 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	
Other fee (specify)			
SUBTOTAL (3)			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

330.00

Complete (if applicable)

Name (Print/Type)	Mark C. Van Ness	Registration No. (Attorney/Agent)	39,865	Telephone	(303) 740-1980
Signature		Date	3/3/04		